



JAY B. NEWMAN
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

VIDEO MANAGER
UNIVERSITY OF MARYLAND-ADS
1000 HILLTOP CIRCLE
BALTIMORE, MD 21250

August 22, 2011

Re: WJZ-TV BALTIMORE--
Retransmission Consent Election

Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in UNIVERSITY OF MARYLAND, MD for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit WJZ-TV's signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Nr VIDEO MANAGER
 S UNIVERSITY OF MARYLAND-ADS
 1000 HILLTOP CIRCLE
 C BALTIMORE, MD 21250

PS Form 3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VIDEO MANAGER
 UNIVERSITY OF MARYLAND-ADS
 1000 HILLTOP CIRCLE
 BALTIMORE, MD 21250

2. Article Number

(Transfer from service label)

7099 3400 0011 7768 1382

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail

☒ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

CERTIFIED MAIL



7099 3400 0011 7768 1382
7099 3400 0011 7768 1382

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Nr VIDEO MANAGER
\$ UNIVERSITY OF MARYLAND-ADS
1000 HILLTOP CIRCLE
C BALTIMORE, MD 21250

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☐ Addressee

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☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



WJZ-TV
TELEVISION HILL
3725 MALDEN AVENUE
BALTIMORE, MD 21211-1322

VIDEO MANAGER
UNIVERSITY OF MARYLAND-ADS
1000 HILLTOP CIRCLE
BALTIMORE, MD 21250



AN HONORS UNIVERSITY IN MARYLAND

Office of the President

University of Maryland, Baltimore County
1000 Hilltop Circle
Baltimore, Maryland 21250

September 19, 2011

Jay B. Newman
Vice President and General Manager
WJZ-TV
3725 Malden Avenue
Baltimore, MD 21211-1322

Dear Mr. Newman:

We are in receipt of your letters of August 22, 2011 regarding retransmission consent. It is UMBC's belief that the circumstances described in your letter do not apply to UMBC, and therefore UMBC does not need to enter into a further agreement.

We own our antenna facility and use it for our own internal purposes. UMBC does not provide our television signal to anyone outside of the UMBC campus community. Within our campus we offer the television service as an amenity without subscription. Under 47 C.F.R. §76.64 Retransmission Consent Subsection (e) provides as follows:

(e) The retransmission consent requirements of this section are not applicable to broadcast signals received by master antenna television facilities or by direct over-the-air reception in conjunction with the provision of service by a multichannel video program distributor provided that the multichannel video program distributor makes reception of such signals available without charge and at the subscribers option and provided further that the antenna facility used for the reception of such signals is either owned by the subscriber or the building owner; or under the control and available for purchase by the subscriber or the building owner upon termination of service.

Finally, if UMBC were to enter into any agreement, UMBC would not have the ability or authority to agree to the indemnification provision included within the

Mr. Jay Newman
September 19, 2011

Page 2

proposed consent provisions. As an entity of the State of Maryland, UMBC does not have the authority to bind the executive and legislative branches to an undefined, unfunded future indemnification.

Should you wish to discuss this further, please do not hesitate to contact me directly at 410-455-2709.

Sincerely,

A handwritten signature in black ink, appearing to be 'David Gleason', with a long horizontal flourish extending to the right.

David Gleason
General Counsel

Cc: Mark Cather



JAY B. NEWMAN
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

GENERAL MANAGER
THE VILLAGE @ MARLEY STATION-ADS
7807 WINBORNE DR
GLEN BURNIE, MD 21060

August 22, 2011

Re: WJZ-TV BALTIMORE--
Retransmission Consent Election

Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in THE VILLAGES @ MARLEY STATION, MD for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit WJZ-TV's signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

No. GENERAL MANAGER
 \$ THE VILLAGE @ MARLEY STATION-ADS
 C 7807 WINBORNE DR
 GLEN BURNIE, MD 21060

PS Form 3800, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>Charles E. Wilson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>C. Wilson</i></p> <p>C. Date of Delivery <i>8-23-11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>GENERAL MANAGER THE VILLAGE @ MARLEY STATION-ADS 7807 WINBORNE DR GLEN BURNIE, MD 21060</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) 7099 3400 0011 7768 1405</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-11-0835

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

CERTIFIED MAIL



7099 3400 0011 7768 1405
7099 3400 0011 7768 1405

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Nr GENERAL MANAGER
S THE VILLAGE @ MARLEY STATION-ADS
C 7807 WINBORNE DR
GLEN BURNIE, MD 21060

PS Form 3800, July 1999 See Reverse for Instructions

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1. Article Addressed to:

GENERAL MANAGER
THE VILLAGE @ MARLEY STATION-ADS
7807 WINBORNE DR
GLEN BURNIE, MD 21060

2. Article Number

(Transfer from service label)

2099 3400 0011 7768 1405

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes



WJZ-TV
TELEVISION HILL
3725 MALDEN AVENUE
BALTIMORE, MD 21211-1322

GENERAL MANAGER
THE VILLAGE @ MARLEY STATION-ADS
7807 WINBORNE DR
GLEN BURNIE, MD 21060



JAY B. NEWMAN
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

MICHAEL LANBDI
NETWORK DIR
TOWSON STATE UNIVERSITY CABLE-ADS
8000 YORK RD
BALTIMORE, MD 21252

August 22, 2011

Re: WJZ-TV BALTIMORE--
Retransmission Consent Election


Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **BALTIMORE, MD** for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit **WJZ-TV's** signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

CERTIFIED MAIL



7099 3400 0011 7768 1443
7099 3400 0011 7768 1443

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

7 MICHAEL LANBDI
NETWORK DIR
TOWSON STATE UNIVERSITY CABLE-ADS
8000 YORK RD
BALTIMORE, MD 21252

PS Form 3800, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

MICHAEL LANBDI
NETWORK DIR
TOWSON STATE UNIVERSITY CABLE-ADS
8000 YORK RD
BALTIMORE, MD 21252

2. Article Number

(Transfer from service label)

7099 3400 0011 7768 1443

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

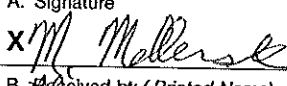
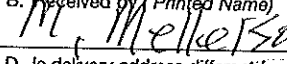


WJZ-TV
TELEVISION HILL
3725 MALDEN AVENUE
BALTIMORE, MD 21211-1322

MICHAEL LANBDI
NETWORK DIR
TOWSON STATE UNIVERSITY CABLE-ADS
8000 YORK RD
BALTIMORE, MD 21252

441 992 1100 0046 6602

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
Article Sent To:		
Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
MICHAEL LANBDI NETWORK DIR TOWSON STATE UNIVERSITY CABLE-ADS 8000 YORK RD BALTIMORE, MD 21252		
PS Form 3800, July 1999 See Reverse for Instructions		

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<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: MICHAEL LANBDI NETWORK DIR TOWSON STATE UNIVERSITY CABLE-ADS 8000 YORK RD BALTIMORE, MD 21252	B. Received by (Printed Name)  C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
PS Form 3811, August 2001	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

7099 3400 0011 7768 1443

Domestic Return Receipt

102595-02-M-0835



JAY B. NEWMAN
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

GAYLE SEXTON
COMPLEX
WINTHROP HOUSE CONDOS INC-ADS
4100 N CHARLES STREET
BALTIMORE, MD 21218

August 22, 2011

Re: WJZ-TV BALTIMORE--
Retransmission Consent Election

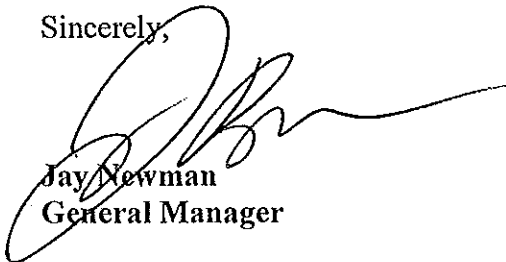
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Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **BALTIMORE, MD** for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit **WJZ-TV's** signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

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Sincerely,



Jay Newman
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

7099 3400 0011 7768 1375

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

GAYLE SEXTON
COMPLEX
WINTHROP HOUSE CONDOS INC-ADS
4100 N CHARLES STREET
BALTIMORE, MD 21218

PS Form 3800, July 1999 See Reverse for Instructions

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GAYLE SEXTON
COMPLEX
WINTHROP HOUSE CONDOS INC-ADS
4100 N. CHARLES STREET
BALTIMORE, MD 21218

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
☒ Addressee
B. Received by (Printed Name) C. Date of Delivery
James P. [Signature] 8/23/11
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

4100 N. Charles [Signature]

3. Service Type
☒ Certified Mail ☐ Express Mail
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

CERTIFIED MAIL



7099 3400 0011 7768 1375
7099 3400 0011 7768 1375

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
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COMPLEX
WINTHROP HOUSE CONDOS INC-ADS
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BALTIMORE, MD 21218

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BALTIMORE, MD 21218

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☐ Addressee

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☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

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☐ Yes

7099 3400 0011 7768 1375

Domestic Return Receipt

102595-02-M-0835



WJZ-TV
TELEVISION HILL
3725 MALDEN AVENUE
BALTIMORE, MD 21211-1322

GAYLE SEXTON
COMPLEX
WINTHROP HOUSE CONDOS INC-ADS
4100 N CHARLES STREET
BALTIMORE, MD 21218



JAY B. NEWMAN
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

JOHN BEJORN
GM
BROADSTRIPE
406 HEADQUARTERS DR STE 201
MILLERSVILLE, MD 21108

August 22, 2011

Re: WJZ-TV BALTIMORE--
Retransmission Consent Election

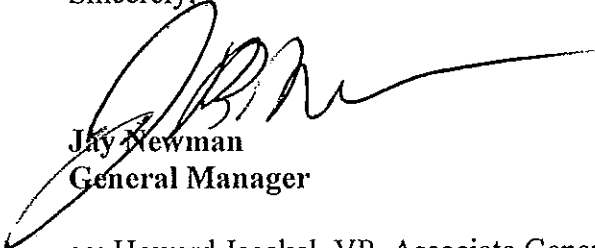
Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in MILLERSVILLE, MD for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit WJZ-TV's signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

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Sincerely,



Jay Newman
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

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(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

JOHN BEJORN
GM
BROADSTRIPE
406 HEADQUARTERS DR STE 201
MILLERSVILLE, MD 21108

PS Form 3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHN BEJORN
GM
BROADSTRIPE
406 HEADQUARTERS DR STE 201
MILLERSVILLE, MD 21108

2. Article Number

(Transfer from service label)

7099 3400 0011 7768 1429

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Angela Fletcher

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Angela Fletcher

C. Date of Delivery

8/23

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☒ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

CERTIFIED MAIL



7099 3400 0011 7768 1429
7099 3400 0011 7768 1429

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

JOHN BEJORN
GM
BROADSTRIPE
406 HEADQUARTERS DR STE 201
MILLERSVILLE, MD 21108

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JOHN BEJORN
GM
BROADSTRIPE
406 HEADQUARTERS DR STE 201
MILLERSVILLE, MD 21108

2. Article Number

(Transfer from service label)

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PS Form 3811, August 2001

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A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



WJZ-TV
TELEVISION HILL
3725 MALDEN AVENUE
BALTIMORE, MD 21211-1322

JOHN BEJORN
GM
BROADSTRIPE
406 HEADQUARTERS DR STE 201
MILLERSVILLE, MD 21108



JAY B. NEWMAN
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

WILLIAM RUSSELL
MGR
EASTON CABLE TV
201 N WASHINGTON ST (P.O. BOX 1189)
EASTON, MD 21601

August 22, 2011

Re: WJZ-TV BALTIMORE--
Retransmission Consent Election

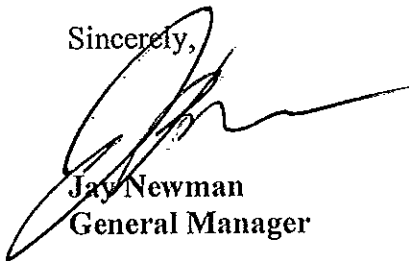
Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **EASTON, MD** for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit **WJZ-TV's** signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

7099 3400 0011 7768 1436

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
Article Sent To:		
Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
WILLIAM RUSSELL MGR EASTON CABLE TV 201 N WASHINGTON ST (P.O. BOX 1189) EASTON, MD 21601		
PS Form 3800, July 1999		See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: WILLIAM RUSSELL MGR EASTON CABLE TV 201 N WASHINGTON ST (P.O. BOX 1189) EASTON, MD 21601	B. Received by (Printed Name) <i>Mrs. [Name]</i> C. Date of Delivery [Stamp: AUG 23 2011]
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
2. Article Number (Transfer from service label) 7099 3400 0011 7768 1436	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

CERTIFIED MAIL



7099 3400 0011 7768 1436
7099 3400 0011 7768 1436

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: _____

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

WILLIAM RUSSELL
MGR
EASTON CABLE TV
201 N WASHINGTON ST (P.O. BOX 1189)
EASTON, MD 21601

PS Form 3800, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>WILLIAM RUSSELL MGR EASTON CABLE TV 201 N WASHINGTON ST (P.O. BOX 1189) EASTON, MD 21601</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) 7099 3400 0011 7768 1436</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835



WJZ-TV
TELEVISION HILL
3725 MALDEN AVENUE
BALTIMORE, MD 21211-1322

WILLIAM RUSSELL
MGR
EASTON CABLE TV
201 N WASHINGTON ST (P.O. BOX 1189)
EASTON, MD 21601



JAY B. NEWMAN
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

BRUCE TAYLOR
GM
ELLCOTT CITY CABLE COMPANY, LLC-ADS
4100 COLLEGE AVENUE
ELLCOTT CITY, MD 21041

August 22, 2011

Re: WJZ-TV BALTIMORE--
Retransmission Consent Election

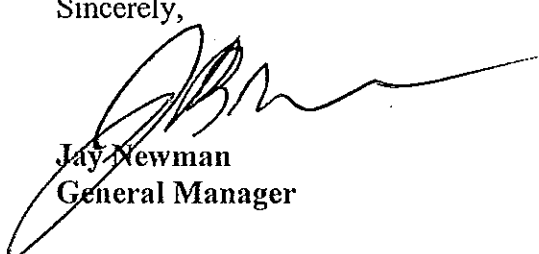
Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **WAVERLY GARDENS, MD** for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit WJZ-TV's signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

BRUCE TAYLOR
 GM
 ELLICOTT CITY CABLE COMPANY, LLC-ADS
 4100 COLLEGE AVENUE
 ELLICOTT CITY, MD 21041

PS Form 3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BRUCE TAYLOR
 GM
 ELLICOTT CITY CABLE COMPANY, LLC-ADS
 4100 COLLEGE AVENUE
 ELLICOTT CITY, MD 21041

2. Article Number

(Transfer from service label)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

JESSE KRAUCH

C. Date of Delivery

8-24

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☒ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7099 3400 0011 7268 1368

Domestic Return Receipt

102595-02-M-0835

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

CERTIFIED MAIL



7099 3400 0011 7768 1368
7099 3400 0011 7768 1368

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

7 BRUCE TAYLOR
GM
ELLCOTT CITY CABLE COMPANY, LLC-ADS
4100 COLLEGE AVENUE
ELLCOTT CITY, MD 21041

PS Form 3800, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>BRUCE TAYLOR GM ELLCOTT CITY CABLE COMPANY, LLC-ADS 4100 COLLEGE AVENUE ELLCOTT CITY, MD 21041</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>7099 3400 0011 7768 1368</p>	

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835

CBS WJZ-TV
TELEVISION HILL
3725 MALDEN AVENUE
BALTIMORE, MD 21211-1322

BRUCE TAYLOR
GM
ELLCOTT CITY CABLE COMPANY, LLC-ADS
4100 COLLEGE AVENUE
ELLCOTT CITY, MD 21041



JAY B. NEWMAN
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

BRUCE TAYLOR
GM
ELLCOTT CITY CABLE COMPANY, LLC-ADS
4100 COLLEGE AVENUE
ELLCOTT CITY, MD 21041

August 22, 2011

Re: WJZ-TV BALTIMORE--
Retransmission Consent Election

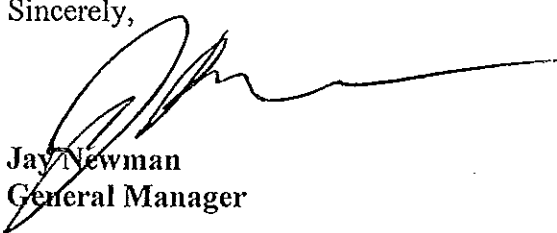
Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **Taylor Villages, MD** for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit WJZ-TV's signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

BRUCE TAYLOR
 GM
 ELLICOTT CITY CABLE COMPANY, LLC-ADS
 4100 COLLEGE AVENUE
 ELLICOTT CITY, MD 21041

PS Form 3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BRUCE TAYLOR
 GM
 ELLICOTT CITY CABLE COMPANY, LLC-ADS
 4100 COLLEGE AVENUE
 ELLICOTT CITY, MD 21041

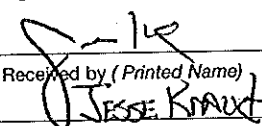
2. Article Number

(Transfer from service label)

7099 3400 0011 7768 1399

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

☐ Agent

☐ Addressee

B. Received by (Printed Name)

JESSE KRAUCH

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☒ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

CERTIFIED MAIL



7099 3400 0011 7768 1399
7099 3400 0011 7768 1399

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: _____

Postage	\$ _____	Postmark Here
Certified Fee	_____	
Return Receipt Fee (Endorsement Required)	_____	
Restricted Delivery Fee (Endorsement Required)	_____	
Total Postage & Fees	\$ _____	

BRUCE TAYLOR
GM
ELLCOTT CITY CABLE COMPANY, LLC-ADS
4100 COLLEGE AVENUE
ELLCOTT CITY, MD 21041

PS Form 3800, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature _____ <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>BRUCE TAYLOR GM ELLCOTT CITY CABLE COMPANY, LLC-ADS 4100 COLLEGE AVENUE ELLCOTT CITY, MD 21041</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) 7099 3400 0011 7768 1399</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835



WJZ-TV
TELEVISION HILL
3725 MALDEN AVENUE
BALTIMORE, MD 21211-1322

BRUCE TAYLOR
GM
ELLCOTT CITY CABLE COMPANY, LLC-ADS
4100 COLLEGE AVENUE
ELLCOTT CITY, MD 21041



JAY B. NEWMAN
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

BRUCE TAYLOR
GM
ELLCOTT CITY CABLE COMPANY, LLC-ADS
4100 COLLEGE AVENUE
ELLCOTT CITY, MD 21041

August 22, 2011

Re: WJZ-TV BALTIMORE--
Retransmission Consent Election


Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in Waverly Woods, MD for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit WJZ-TV's signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

BRUCE TAYLOR
 GM
 ELLICOTT CITY CABLE COMPANY, LLC-ADS
 4100 COLLEGE AVENUE
 ELLICOTT CITY, MD 21041

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BRUCE TAYLOR
 GM
 ELLICOTT CITY CABLE COMPANY, LLC-ADS
 4100 COLLEGE AVENUE
 ELLICOTT CITY, MD 21041

2. Article Number

(Transfer from service label)

7099 3400 0011 7768 1351

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

SESE KRAK

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☒ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

CERTIFIED MAIL



7099 3400 0011 7768 1351
7099 3400 0011 7768 1351

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

BRUCE TAYLOR
GM
ELLCOTT CITY CABLE COMPANY, LLC-ADS
4100 COLLEGE AVENUE
ELLCOTT CITY, MD 21041

PS Form 3811, August 2001

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BRUCE TAYLOR
GM
ELLCOTT CITY CABLE COMPANY, LLC-ADS
4100 COLLEGE AVENUE
ELLCOTT CITY, MD 21041

2. Article Number
(Transfer from service label)

7099 3400 0011 7768 1351

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-083

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



WJZ-TV
TELEVISION HILL
3725 MALDEN AVENUE
BALTIMORE, MD 21211-1322

BRUCE TAYLOR
GM
ELLCOTT CITY CABLE COMPANY, LLC-ADS
4100 COLLEGE AVENUE
ELLCOTT CITY, MD 21041



JAY B. NEWMAN
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

DAVID FERGUSON
VP
NTC COMMUNICATIONS-ADS
106 SOUTH MAIN ST
EDINBURG, VA 22824

August 22, 2011

Re: WJZ-TV BALTIMORE--
Retransmission Consent Election

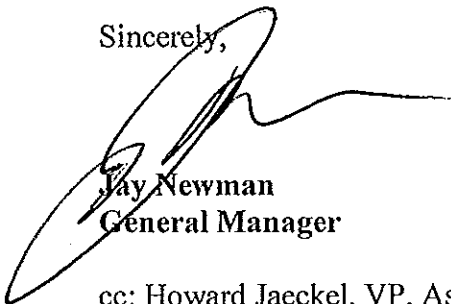
Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **Millennium Hall, MD** for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit **WJZ-TV's** signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

DAVID FERGUSON
VP
NTC COMMUNICATIONS-ADS
106 SOUTH MAIN ST
EDINBURG, VA 22824

(Signed by mailer)

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DAVID FERGUSON
VP
NTC COMMUNICATIONS-ADS
106 SOUTH MAIN ST
EDINBURG, VA 22824

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. Dodson*

☒ Agent
☐ Addressee

B. Received by (Printed Name)

M. Dodson

C. Date of Delivery

8/26/11

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7099 3400 0011 7736 6494

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

CERTIFIED MAIL



7099 3400 0011 7736 6494
7099 3400 0011 7736 6494

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

nd by mailer)

DAVID FERGUSON
VP
NTC COMMUNICATIONS-ADS
106 SOUTH MAIN ST
EDINBURG, VA 22824

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DAVID FERGUSON
VP
NTC COMMUNICATIONS-ADS
106 SOUTH MAIN ST
EDINBURG, VA 22824

2. Article Number

(Transfer from service label)

7099 3400 0011 7736 6494

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



WJZ-TV
TELEVISION HILL
3725 MALDEN AVENUE
BALTIMORE, MD 21211-1322

DAVID FERGUSON
VP
NTC COMMUNICATIONS-ADS
106 SOUTH MAIN ST
EDINBURG, VA 22824



JAY B. NEWMAN
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

DAVID FERGUSON
VP
NTC COMMUNICATIONS-ADS
106 SOUTH MAIN ST
EDINBURG, VA 22824

August 22, 2011

Re: WJZ-TV BALTIMORE--
Retransmission Consent Election

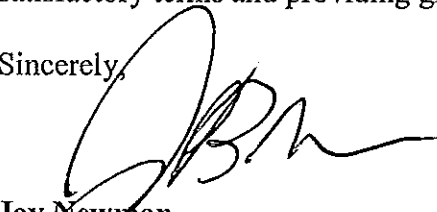
Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in PACA HOUSE @ TOWSON, MD for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit WJZ-TV's signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

1
2
3
4
5
6
7
8
9
10
11
12

DAVID FERGUSON
 VP
 NTC COMMUNICATIONS-ADS
 106 SOUTH MAIN ST
 EDINBURG, VA 22824

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DAVID FERGUSON
 VP
 NTC COMMUNICATIONS-ADS
 106 SOUTH MAIN ST
 EDINBURG, VA 22824

2. Article Number

(Transfer from service label)

7099 3400 0011 7736 6500

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0935

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *M. Dodson* ☒ Agent ☐ Addressee

B. Received by (Printed Name) *M. Dodson* C. Date of Delivery *8/26/11*

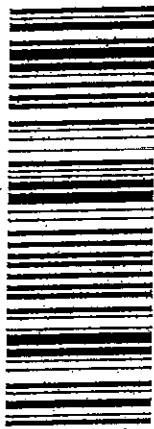
D. Is delivery address different from item 1? ☐ Yes ☐ No
 If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

CERTIFIED MAIL



7099 3400 0011 7736 6500
7099 3400 0011 7736 6500

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

DAVID FERGUSON
VP
NTC COMMUNICATIONS-ADS
106 SOUTH MAIN ST
EDINBURG, VA 22824

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>DAVID FERGUSON VP NTC COMMUNICATIONS-ADS 106 SOUTH MAIN ST. EDINBURG, VA 22824</p> <p>2. Article Number (Transfer from service label) 7099 3400 0011 7736 6500</p>	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0

CBS WJZ-TV
TELEVISION HILL
3725 MALDEN AVENUE
BALTIMORE, MD 21211-1322

DAVID FERGUSON
VP
NTC COMMUNICATIONS-ADS
106 SOUTH MAIN ST
EDINBURG, VA 22824



JAY B. NEWMAN
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

DAVID FERGUSON
VP
NTC COMMUNICATIONS-ADS
106 SOUTH MAIN ST
EDINBURG, VA 22824

August 22, 2011

Re: WJZ-TV BALTIMORE--
Retransmission Consent Election

Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in **West Village, MD** for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit WJZ-TV's signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

DAVID FERGUSON
 VP
 NTC COMMUNICATIONS-ADS
 106 SOUTH MAIN ST
 EDINBURG, VA 22824

See Reverse for Instructions

7099 3400 0011 7768 1481

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. </p> <p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> DAVID FERGUSON VP NTC COMMUNICATIONS-ADS 106 SOUTH MAIN ST EDINBURG, VA 22824 </div>	<p>A. Signature</p> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> x M. Dodson </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </div> </div> <p>B. Received by (Printed Name)</p> <div style="text-align: center; margin-top: 5px;"> M. Dodson </div> <p>C. Date of Delivery</p> <div style="text-align: right; margin-top: 5px;"> 8/26/11 </div> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number <i>(Transfer from service label)</i></p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7099 3400 0011 7768 1481</p>	

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

CERTIFIED MAIL



7099 3400 0011 7768 1481
7099 3400 0011 7768 1481

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

DAVID FERGUSON
VP
NTC COMMUNICATIONS-ADS
106 SOUTH MAIN ST
EDINBURG, VA 22824

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>DAVID FERGUSON VP NTC COMMUNICATIONS-ADS 106 SOUTH MAIN ST EDINBURG, VA 22824</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) 7099 3400 0011 7768 1481</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-0835



WJZ-TV
TELEVISION HILL
3725 MALDEN AVENUE
BALTIMORE, MD 21211-1322

DAVID FERGUSON
VP
NTC COMMUNICATIONS-ADS
106 SOUTH MAIN ST
EDINBURG, VA 22824



500 Shentel Way • P.O. Box 459 • Edinburg, VA 22824 • (540) 984-4141

September 7, 2011

Mr. Jay Newman
WJZ-TV
3725 Malden Ave.
Baltimore, MD 21211-1322

Re: Retransmission Consent/Must Carry Election
Shentel Converged Services, Inc. d/b/a NTC Communications

Dear Mr. Newman:

We are in receipt of your letters dated August 22, 2011 electing retransmission consent status with respect to systems operated by Shentel Converged Services, Inc., doing business as NTC Communications ("NTC") at the following properties:

**West Village, MD
Millennium Hall, MD
PACA House @ Towson, MD**

Please note that "PACA House @ Towson, MD" is not an NTC property. To the extent that residents of West Village, MD and Millennium Hall, MD receive WJZ, reception is without charge and the antenna facilities used for the reception of off-the-air signals are either owned by the residents or the building owner; or under the control and available for purchase by the residents or the building owner upon termination of service. Accordingly, pursuant to 47 CFR § 76.64(e) NTC is not required to obtain retransmission consent.

If you have any questions, please contact me at (540) 984-5320.

Sincerely,

A handwritten signature in cursive script that reads "Ann Flowers".

Ann Flowers
Vice President – General Counsel

AF/sak



JAY B. NEWMAN
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

BRIAN HUNT
VP
STELLAR PRIVATE CABLE SYSTEMS-ADS
815 E TALLMADGE AVE
AKRON, OH 44310

August 22, 2011

Re: WJZ-TV BALTIMORE--
Retransmission Consent Election

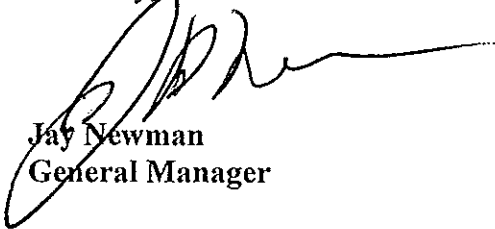
Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in CARROLL LUTHERAN VIL, MD for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit WJZ-TV's signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

BRIAN HUNT
 VP
 STELLAR PRIVATE CABLE SYSTEMS-ADS
 815 E TALLMADGE AVE
 AKRON, OH 44310

PS Form 3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BRIAN HUNT
 VP
 STELLAR PRIVATE CABLE SYSTEMS-ADS
 815 E TALLMADGE AVE
 AKRON, OH 44310

2. Article Number

(Transfer from service label)

7099 3400 0011 7768 1344

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *D. Salmon*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

D. Salmon

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☒ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

CERTIFIED MAIL



7099 3400 0011 7268 1344
7099 3400 0011 7268 1344

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

BRIAN HUNT
VP
STELLAR PRIVATE CABLE SYSTEMS-ADS
815 E TALLMADGE AVE
AKRON, OH 44310

PS Form 3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BRIAN HUNT
VP
STELLAR PRIVATE CABLE SYSTEMS-ADS
815 E TALLMADGE AVE
AKRON, OH 44310

2. Article Number

(Transfer from service label)

7099 3400 0011 7268 1344

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



WJZ-TV
TELEVISION HILL
3725 MALDEN AVENUE
BALTIMORE, MD 21211-1322

BRIAN HUNT

VP

STELLAR PRIVATE CABLE SYSTEMS-ADS
815 E TALLMADGE AVE
AKRON, OH 44310



JAY B. NEWMAN
Vice President & General Manager

(410)-578-7507 fax: (410)-578-7502 newmanj@wjz.com

BRIAN HUNT
GENERAL MGR
STELLAR PRIVATE CABLE SYSTEMS-ADS
815 E TALLMADGE AVE
AKRON, OH 44310

August 22, 2011

Re: WJZ-TV BALTIMORE--
Retransmission Consent Election

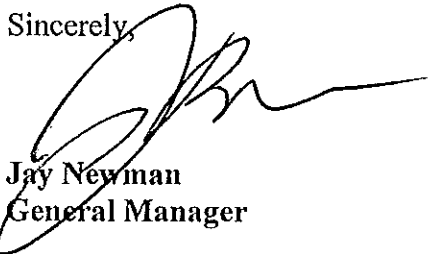
Ladies and Gentlemen:

Pursuant to Section 76.64 of the FCC rules, this is to notify you that WJZ-TV, BALTIMORE ("Station"), assigned to the BALTIMORE DMA, elects the retransmission consent option with respect to carriage of Station's signal on your cable system whose head-end is located in EDENWALD RETIREMENT, MD for the 2012-2014 election period.

This will not affect the continued carriage of Station's signals by your system as to any part of the relevant period for which an existing retransmission agreement is already in effect. If there is no such existing agreement beyond December 31, 2011, then it will be necessary for your system to obtain our express approval in order to retransmit WJZ-TV's signal after 12:01 AM on January 1, 2012 (or after the expiration date of any existing agreement).

Please be assured that we look forward to continuing our relationship on mutually satisfactory terms and providing great programming for our shared viewers to enjoy.

Sincerely,



Jay Newman
General Manager

cc: Howard Jaeckel, VP, Associate General Counsel, CBS Corporation.

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

CERTIFIED MAIL



7099 3400 0011 7768 1498
7099 3400 0011 7768 1498

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

BRIAN HUNT
GENERAL MGR
STELLAR PRIVATE CABLE SYSTEMS-ADS
815 E TALLMADGE AVE
AKRON, OH 44310

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BRIAN HUNT
GENERAL MGR
STELLAR PRIVATE CABLE SYSTEMS-ADS
815 E TALLMADGE AVE
AKRON, OH 44310

2. Article Number

(Transfer from service label)

7099 3400 0011 7768 1498

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes



WJZ-TV
TELEVISION HILL
3725 MALDEN AVENUE
BALTIMORE, MD 21211-1322

BRIAN HUNT
GENERAL MGR
STELLAR PRIVATE CABLE SYSTEMS-AD
815 E TALLMADGE AVE
AKRON, OH 44310

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

BRIAN HUNT
 GENERAL MGR
 STELLAR PRIVATE CABLE SYSTEMS-ADS
 815 E TALLMADGE AVE
 AKRON, OH 44310

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BRIAN HUNT
 GENERAL MGR
 STELLAR PRIVATE CABLE SYSTEMS-ADS
 815 E TALLMADGE AVE
 AKRON, OH 44310

2. Article Number

(Transfer from service label)

7099 3400 0011 7768 1498

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

D. Salma

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

D. Salma

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes



WJZ-TV
TELEVISION HILL
3725 MALDEN AVENUE
BALTIMORE, MD 21211-1322

CERTIFIED MAIL



7099 3400 0011 7768 1450



UNITED STATES POSTAGE
02 1P
\$ 005.790
0003141280
AUG 22 2011
MAILED FROM ZIP CODE 21211

GENERAL MANAGER
WALKER MEWS APARTMENTS
2525 KIRK AVENUE
BALTIMORE, MD 21218

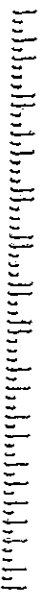
UNCLAIMED

NIXIE 212 212 00 10/20/11

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BCI 2121132225 *0492-04315-12-26

2121101302



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GENERAL MANAGER
WALKER MEWS APARTMENTS
2525 KIRK AVENUE
BALTIMORE, MD 21218

2. Article Number

(Transfer from service label)

7099 3400 0011 7768 1450

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☒ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835